

SERFF Tracking Number: MUTM-128529681 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number:  
Company Tracking Number: ELLEN GRADY  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: 2012 Additional Services Disclosure - 12619GD - Health  
Project Name/Number: 2012 Additional Services Disclosure - Health /12619GD

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2012 Additional Services SERFF Tr Num: MUTM-128529681 State: Arkansas

Disclosure - 12619GD - Health

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: ELLEN GRADY State Status: Approved-Closed  
Long Term

Filing Type: Form

Reviewer(s): Rosalind Minor

Disposition Date: 07/03/2012

Authors: Shelly Kaipust, June  
Rodgers, Mary Gregg, Krysia  
Gannon, Ellen Grady

Date Submitted: 07/02/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2012 Additional Services Disclosure - Health

Project Number: 12619GD

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 07/03/2012

State Status Changed: 07/03/2012

Created By: Mary Gregg

Corresponding Filing Tracking Number:

Filing Description:

NAIC #: 261-69868

Additional [Goods and] Services Disclosure 12619GD

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Mary Gregg

We are requesting approval of the attached form, which discloses a variety of optional services that may be purchased

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by group policyholders. The services may be provided by United of Omaha, its affiliates, or by third party providers. This disclosure will be attached to the master policy and is being filed under separate health, life, and dental lines.

Initially, our program will include the services listed on the disclosure form in brackets. However, we request variability to add, delete, or modify such services in the future. We may also add appropriate goods to this program in the future.

We request approval of this disclosure form for general use with our portfolio of group insurance products. The offer or purchase of the additional goods or services has no effect on the rate manual pages applicable to any product to which this disclosure is attached. The insurance products are not discounted with this program.

Your review of this submission is appreciated. Please contact me with any questions or concerns.

Sincerely,

Ellen Grady  
Product and Advertising Compliance Analyst  
Corporate Compliance and Ethics Division  
Phone: 402-351-2484  
Fax: 402-351-5298  
Email: ellen.grady@mutualofomaha.com  
State Narrative:

## Company and Contact

### Filing Contact Information

Ellen Grady, Product & Advertising Complianceellen.grady@mutualofomaha.com

Analyst

Mutual Of Omaha 402-351-2484 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

### Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0322111	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	07/02/2012	60596279

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/03/2012	07/03/2012

*SERFF Tracking Number:*      *MUTM-128529681*      *State:*      *Arkansas*  
*Filing Company:*      *United of Omaha Life Insurance Company*      *State Tracking Number:*  
*Company Tracking Number:*      *ELLEN GRADY*  
*TOI:*      *H11G Group Health - Disability Income*      *Sub-TOI:*      *H11G.005 Combined Short Term and Long Term*  
*Product Name:*      *2012 Additional Services Disclosure - 12619GD - Health*  
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## **Disposition**

Disposition Date: 07/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Deemed Approved	Yes
<b>Supporting Document</b>	Application	Deemed Approved	Yes
<b>Supporting Document</b>	Memorandum of Variability	Deemed Approved	Yes
<b>Form</b>	Additional [Goods And] Services Disclosure	Deemed Approved	Yes

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## Form Schedule

### Lead Form Number: 12619GD

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Deemed Approved 07/03/2012	12619GD	Other	Additional [Goods And] Services Disclosure	Initial		0.000	12619GD Additional Services Disclosure.pdf

## **ADDITIONAL [GOODS AND] SERVICES DISCLOSURE**

From time to time, We or our affiliates may offer, provide, or arrange through a third party to provide certain [goods and] services to Policyholders and/or their [Employees]. Some [goods and] services may be provided at a reduced cost.

The additional [goods and] services [may include one or more of the following][available to the Policyholder are]:

- [employee assistance program]
- [travel assistance]
- [identity theft]
- [Family and Medical Leave Act administration]
- [benefit administration]
- [care advocacy]
- [healthcare financial management]
- [medical cost and quality comparisons]
- [medical second opinion]
- [surgery benefit management]
- [pharmaceutical cost comparisons]
- [audit services]
- [payroll services]
- [V]

We are not responsible for the provision of [goods or] services by our affiliates or third parties. We are also not liable to Policyholders or their [Employees] for the failure to provide or the negligent provision of such [goods or] services by our affiliates or third parties.



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Deemed Approved	07/03/2012
<b>Comments:</b>		
<b>Attachment:</b>		
AR Read Cert - Health.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Deemed Approved	07/03/2012
<b>Bypass Reason:</b> Does not apply to this type of filing.		
<b>Comments:</b>		

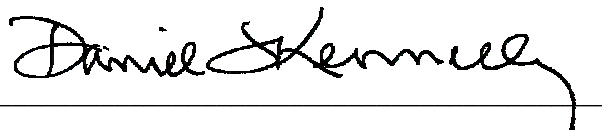
	Item Status:	Status Date:
<b>Satisfied - Item:</b> Memorandum of Variability	Deemed Approved	07/03/2012
<b>Comments:</b>		
<b>Attachment:</b>		
Additional Services Disclosure MOV.pdf		

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
12619GD	Additional [Goods and] Services Disclosure	51.5

Date: July 2, 2012



Daniel J. Kennelly  
Vice President , Chief Compliance and Ethics Officer

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



## Memorandum of Variability

Formatting variable to the extent that we may change bulleted ordered list items to (a), (b), (c) or (1), (2) (3), if so requested. Each variable section, statement or field is denoted by [brackets]. Bracketed text may vary as described in the table below.

### Form 12619GD

#### Disclosure

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
[goods and] [goods or]	Will print if value-added goods are offered in the future in addition to services.
[Employees]	Bracketed so that should some of the value-added goods or services be made available to non-employer groups in the future, "employee" will be replaced by "member."
[may include one or more of the following]  [available to the Policyholder are]:	Initially, we will use the phrase "may include one or more of the following" and the entire list of services will print.  In the future we may customize the list to include only those services a Policyholder has selected. At that time we will use the phrase "available to the Policyholder are."
<ul style="list-style-type: none"><li>• [employee assistance program]</li><li>• [travel assistance]</li><li>• [identity theft]</li><li>• [Family and Medical Leave Act administration]</li><li>• [benefit administration]</li><li>• [care advocacy]</li><li>• [healthcare financial management]</li><li>• [medical cost and quality comparisons]</li><li>• [medical second opinion]</li><li>• [surgery benefit management]</li><li>• [pharmaceutical cost comparisons]</li><li>• [audit services]</li><li>• [payroll services]</li><li>• [V]</li></ul>	The list of services shown are the value-added services that will be available with this program initially. Specific services may be discontinued, or not all services may be displayed for all Policyholders as explained above.  [V] represents other new goods or services that may be made available in the future.